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FACSIMILE COVER SHEETDATE: January 15, 2004OUR REF.: 09/800,855

TIME: _____

YOUR REF.: ORA5012USACNT1(J&JO-100US2)

TO:	Examiner Cybille Delacroix-Muirheid
COMPANY:	PTO
FROM:	Robert L. Andersen
FAX TELEPHONE:	703-306-7924 871-9306
OFFICE TELEPHONE:	703-306-3227
TITLE OF DOCUMENT:	Communication and related documents

Total Number of Pages: 5 (including this form)

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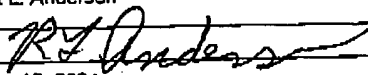
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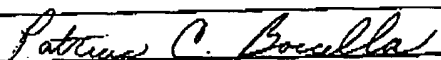
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/800,855
	Filing Date	March 7, 2001
	First Named Inventor	Stephen T. Sonis
	Art Unit	1614
	Examiner Name	Cybil Delacroix-Muirhead
Total Number of Pages in This Submission 4		Attorney Docket No. ORA5012USACNT1(J&JO-100US2)

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<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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Firm or Individual	Robert L. Andersen	Registration No. (Attorney/Agent) 25,771
Signature		
Date	January 15, 2004	

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Application No.: 09/800,855
Applicant(s): Stephen t. Sonis and Edward G. Fey
Filed: March 7, 2001
Title: METHODS AND COMPOSITIONS FOR TREATING AND
PREVENTING MUCOSITIS
TC/A.U.: 1614
Examiner: Cybille Delacroix-Muirheid
Confirmation No.: 7394

COMMUNICATION


Commissioner for Patents
Attn: Ex Cybille Delacroix-Muirheid
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Alexandria, VA 22313-1450

Dear Ms. Delacroix-Muirheid:

As you requested, attached is an executed Power of Attorney and
Correspondence Address Indication Form and a Statement Under 37 CFR 3.73(b).
All future correspondence should now be directed to the attention of

Robert L. Andersen
RatnerPrestia
P.O. Box 980
Valley Forge, PA 19482-0980

Respectfully submitted,


Robert L. Andersen, Reg. No. 32,117
Attorney for Applicants

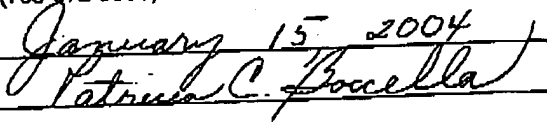
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